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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0003 Grant Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 7 1267 No CERVANTES, ELIAS 2.25 7 WORRELL, KELLY 1268 No 3.00 7 1808 No SPOON, JEANNIE 2.50



CO

CO

CO

1814

1823

2428

No

No

No

Linda McCulloch, Superintendent Office of Public Instruction PO Box 202501 Helena, MT 59620-2501

ZIMDARS, CALVIN & LORIE

STRADTMAN, KARLA

Marker, Shona Jo

School District Claim for State Reimbursement for Individual and Isolated Transportation

0.75

6.50

5.00

State	
District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending , 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District: District Level: 01 Beaverhead 0006 Beaverhead County H S **High School** District Contract Daily # of Days Transported # Shared Family's Name Rate CO 1267 No CERVANTES, ELIAS 2.25 CO 1333 No Folsom, Tracy 1.00 CO 1338 HIRSCHY, LYNN 3.00 Yes 1809 GOODY, THOMAS G CO No 4.50 1810 MUSSARD, BRYAN & MARIA CO No 1.00 CO 1811 No NICHOLS, TED & SHERRI 4.50 1812 CO No RAFFETY, MICHAEL 1.75

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

6.30

State	
District	
County	

DUE

11

2339

No

Hancock, Lowana

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning 20 and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0007 Wise River Elem Elementary District Contract Daily # of Days Transported # # Shared Family's Name Rate 11 1317 No Gross, Jim 1.20 11 1815 No **RUTH, PENNY & SCOTT** 2.50 11 1816 LAMEY, KARI 0.25 No 1817 RUSSELL, SHARLENE 11 No 4.75 1818 LARSON, VEVA & SEAN 11 No 1.00 KIDD, JODI M 11 1819 No 0.30 11 1820 No STRADTMAN, KARLA 2.50 11 1821 PAGE, SHAWNA No 1.40 1822 VENTRES, ELENA 11 1.55 No 1859 SCHONSBERG, KELLY 11 No 1.00

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School District Claim for State Reimbursement for **Individual and Isolated Transportation**

State	
District	
County	

DUE
DATES

Second Semester First Semester February 1 to County Superintendent May 10 to County Superintendent 5: February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees County: District Level: District: 01 Beaverhead 0009 Lima K-12 Schools **High School** District Contract Daily # of Days Transported # # Shared Family's Name Rate 12 1860 No KLUSNER, SHANE 9.25 12 1861 No LAPPE, ALESIA 3.00 12 1862 BALDWIN, DESIRAE No 5.00 12 1863 KRUG, VILA 3.00 No 12 1864 GREENSLADE, CORINNA No 1.25 12 1984 No KLUESNER, SHANE 24.00 12 2262 No Greenslade, Corinna 0.63

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School District Claim for State Reimbursement for Individual and Isolated Transportation

State	
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County	

First Semester Second Semester DUE February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0010 Wisdom Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 16 1009 No Wetzsteon, Joetta 8.50 Weaver, Darrell 16 1010 No 2.00 16 1826 RODRIGUEZ, MANDI 2.25 No 1865 PERRY, MARGARET ` 8.25 16 No 1866 BACON, PATTI 16 No 8.25 16 1867 No KIRKPATRICK, DENNIS 10.00 16 1868 No AVILA, AURORA 3.50 16 1869 TOWERY, KARI 1.00 No

PI

School District Claim for State Reimbursement for Individual and Isolated Transportation

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District	
County	

Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0012 Polaris Elem Elementary District Contract **Daily** # of Days Transported # # Shared Family's Name Rate 21 1870 No FINCH, KIMBERLY 4.50 21 2266 No Evans, Kathy & Mark 0.70

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School District Claim for State Reimbursement for Individual and Isolated Transportation

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Second Semester First Semester **DUE** February 1 to County Superintendent May 10 to County Superintendent **DATES:** February 15 to State Superintendent May 24 to State Superintendent COMPLETE THIS CLAIM FOR STATE REIMBURSEMENT FOR INDIVIDUAL AND ISOLATED TRANSPORTATION: This claim is for the period beginning and ending 20 month day month day **CERTIFICATION:** The information on this form is complete and accurate to the best of my knowledge. Date Signature, Chair, Board of Trustees District Level: County: District: 01 Beaverhead 0014 Jackson Elem Elementary District Contract Daily # of Days Transported # Shared Family's Name Rate 24 1008 No Robertson, Brenda 0.75 Folsom, Tracy 24 1318 No 2.25 24 1338 HIRSCHY, LYNN 9.75 Yes 1339 PETERSON, DEANNA 24 No 1.50 1340 TUCKER, LEAH 24 No 3.50 1341 24 No PETERSON, CLAY 2.75 24 1342 PETERSON, M D No 2.50 24 1825 No KIRKPATRICK, KELLY R 3.00